

Instructor Grade Change Form

(Return to Student Affairs)

Student's Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____ Date _____

Course Information

Dept. <i>(e.g. ENG)</i>	Num. <i>(e.g. 21S)</i>	Sect. <i>(e.g. 018SS)</i>	Term Code <i>(e.g. 2015SS)</i>	Term <i>(e.g. Spring)</i>	Year <i>(e.g. 2016)</i>

Grade Information

Grade Reported As (select one)

Change Grade to (select one)

Explanation for Grade Change: _____

Instructor's Signature: _____ Date: _____

Incomplete grade "I" will be changed to a failing grade if work is not completed within the allotted time which is to be no more than 100 calendar days after the last day of the semester.

Office Use

	STAC	STNC	FGID	CRI-RCINGRFG	Student Notified	Instructor Notified
Processed by						
Date						